

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 23, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT Codes 99080 and 99204 for date of service July 5, 2002.

## **II. RATIONALE**

- CPT Code 99080 – denied as “C – Negotiated Contract – The respondent submitted an EOB dated 9/11/02 showing payment in the amount of \$12.75 had been paid for this date of service. Requestor did not provided an convincing evidence to support they are not a contracted provider; therefore additional reimbursement is not recommended.
- CPT Code 99204 – The Respondent submitted an EOB dated 3/25/03 denying the disputed date of service as “N, TG – Documentation does not support the service billed”. Per the 1996 Medical Fee Guideline, E&M Ground Rule (IV)(C)(1) submitted relevant information supports delivery of service. Reimbursement in the amount of \$106.00 is recommended.

## **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99204 in the amount of \$106.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$106.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 23rd day of March 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf